

**SACRAMENTO COUNTY  
LAW DAY LEGAL CLINIC 2012  
Intake Form**

**1. CUSTOMER INFORMATION**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Court Case Number

Number of people living in your home,  
including adults and children under 18.

*Provider use only:*

*Provider Name:*

*Program Application:*

☐ Approved

☐ Denied

**2. HOUSEHOLD INCOME**

Household income includes money from all household members, from whatever source derived (taxable or non-taxable), including but not limited

- Wages
- Interest Income
- Disability Payments
- Pensions
- Workers Compensation
- Social Security, SSI, SSP
- Unemployment Benefits
- TANF (AFDC)
- Child Support
- Spousal Support
- Settlements

Income Eligibility Guidelines

Household Size	Monthly Income Limit
1	\$2,608.00
2	\$2,608.00
3	\$3,067.00
4	\$3,700.00
5	\$4,333.00
6	\$4,967.00
Each additional	\$633.00

**Total Monthly Household Income (Gross):**

\$ \_\_\_\_\_

**3. DECLARATION AND SIGNATURE**

The information on this application will be used to decide and verify my eligibility for services at the Law Day Legal Clinic. I consent to this information being shared with the Sacramento Superior Court and the volunteer attorneys only. I permit consent to annual eligibility verification. I certify, that the information on this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date